SERVICE HOURS FORM

Service Location: _____ Service Date: _____

Client Information:

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Service Provider Information:

Company/Name: _____

Technician Name(s): _____

Phone Number: _____

Email Address: _____

Service Details:

Date	Start Time	End Time	Total Hours	Description of Service Performed

Summary of Total Hours:

Total Regular Hours: _____ hours

Total Overtime Hours: _____ hours

Total Hours Billed: _____ hours

Billing and Payment Information:

Hourly Rate (Regular): _____ USD

Hourly Rate (Overtime): _____ USD

Total Amount Due: _____ USD

Payment Method: _____

CLIENT SIGNATURE	SERVICE PROVIDER SIGNATURE
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____

This Service Hours Form represents a legally binding agreement between the Client and Service Provider for the work performed as detailed herein. Both parties affirm that the hours and services recorded are accurate and complete. Payment is due pursuant to the terms stated above. This agreement shall be governed by the laws of the United States and applicable state law without regard to conflicts of law. Any disputes arising out of or related to this agreement shall be resolved in the appropriate courts of the jurisdiction where the services were performed. Both parties waive any right to jury trial to the maximum extent permitted by law.